

Recruitment/Relocation Bonus Approval Form

The Recommending Official is required to complete Parts I and II of this Form and attach a written justification explaining the difficulty experienced or expected in filling the position, if a bonus is not authorized. The justification must address the criteria for payment (ADS 467, Mandatory Reference Implementation Guidelines for Authorizing Recruitment and Relocation Bonuses, section No. 6) and provide a rationale concerning the bonus amount requested (expressed as a percent of the employee's basic pay).

PART I: EMPLOYEE INFORMATION

Name of Employee _____ Social Security Number _____
Position Title _____ Pay Plan, Series/Grade/Step _____
Bureau/Office _____ Effective Date _____

PART II: RECOMMENDATION FOR RECRUITMENT/RELOCATION BONUS

Recommended Amount (excluding locality pay) _____
Percentage of Base Pay _____
Signature of Recommending Official _____ Date _____
Indicate How Bonus Will Be Funded _____

Signature of Administrative Management Staff _____ Date _____
Signature of Bureau or Office Head _____ Date _____
Comments/Changes _____

After completion of Parts I and II, forward Form and written justification to Chief, M/HR/POD, for positions at GS-15 and below and to Chief, M/HR/EM for SES positions. For OIG, requests for all positions are forwarded to IG/M. For positions at GS-15 and below, M/HR/POD forwards the request with a recommendation through the Director, M/HR, to AA/M or designee for final approval. For SES positions, M/HR/EM forwards the request through the AA/M to A/AID or designee for final approval. For OIG, IG/M forwards the request to IG or designee for approval. Upon approval and before payment, the employee must sign a Recruitment or Relocation Service Agreement (AID Forms 400-15 and 400-16).

Part III: RECOMMENDATION BY DIRECTOR, M/HR (FOR POSITIONS GS-15 AND BELOW), AA/M (FOR SES POSITIONS) OR IG/M

Approved _____ Disapproved _____
Comments/Changes _____

Signature of Recommending Official _____ Date _____

PART IV: FINAL APPROVAL/DISAPPROVAL BY AA/M (FOR POSITIONS GS-15 AND BELOW), A/AID (FOR SES POSITIONS) OR IG

Approved _____ Disapproved _____

Comments/Changes _____

Signature of Approving Official _____ Date _____

Distribution of copies AID Form 400-14:

Original - Official Personnel Folder

One copy - Employee

One copy - M/HR/POD, M/HR/EM or IG Files